



MEMBERSHIP & CLASS REGISTRATION FORM

(Please Print)

HOUSEHOLD INFORMATION

Name:	Home Phone:	Cell:
Address:	Town:	
State:	Zip Code:	Email Address:
Emergency Contact Name:	Phone Number with area code.	Relationship:

MEMBERSHIP: Renewal _____ New _____ Resident Rate \$15.00 _____ Non-Resident Rate \$40.00 _____

CLASS REGISTRATION INFORMATION:

PARTICIPANT	PROGRAM	PROGRAM #	DATES	DAY	TIME	SESSION	FEE

Please include my tax deductible donation to support the Senior Centers

MEMBERSHIP TOTAL \$ _____
 CLASS TOTAL \$ _____
 DONATION TOTAL \$ _____
 GRAND TOTAL \$ _____

Paid by: (circle one) Cash Check Credit Card

Make checks payable to: Town of West Hartford

Circle one: **Visa** or **Mastercard** Number: _____

Exp. Date: _____

Waiver: I realize that as with any activity there is a possible risk of injury to myself while participating in this activity. I agree to waive the risk of injury which I might suffer while involved in the West Hartford of Leisure Services activity and I will not hold the Town of West Hartford or its instructors liable for any injuries which I may suffer while participating in these activities.

SIGNATURE: _____ Date: _____

Staff Initials: _____